

SERFF Tracking Number:	EVST-125650657	State:	Arkansas
Filing Company:	Everest National Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	AR-WC-20023890		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	loss costs		
Project Name/Number:	/		

Filing at a Glance

Company: Everest National Insurance Company

Product Name: loss costs

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

SERFF Tr Num: EVST-125650657

SERFF Status: Closed

Co Tr Num: AR-WC-20023890

State: Arkansas

State Tr Num: EFT \$50

State Status: Fees verified and received

Filing Type: Rate/Rule

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Authors: Debbie Pellicane, Shiranie Fernandez

Date Submitted: 05/21/2008

Disposition Status: Approved

Effective Date Requested (New): 07/01/2008

Effective Date (New): 07/01/2008

Effective Date Requested (Renewal): 07/01/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name:

Project Number:

Reference Organization: NCCI

Reference Title:

Filing Status Changed: 07/23/2008

State Status Changed: 05/21/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number:

Advisory Org. Circular: AR-2008-06

Deemer Date:

We are filing to adopt NCCI's Advisory Loss Costs, Rating and Small deductible Factors, announced in circular AR-2008-06. Our current loss cost multiplier remains the same, 1.45.

Company and Contact

Filing Contact Information

SERFF Tracking Number: EVST-125650657 State: Arkansas
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TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: loss costs
Project Name/Number: /

Deborah Pellicane, Manager, Filing and Regulation
P.O. Box 830
Liberty Corner, NJ 07938-0830
debbie.pellicane@everestre.com
(908) 604-3454 [Phone]
(908) 604-3546[FAX]

Filing Company Information

Everest National Insurance Company
477 Martinsville Road
P.O. Box 830
Liberty Corner, NJ 07938-0830
(908) 604-3000 ext. [Phone]
CoCode: 10120
Group Code: 1120
Group Name: Everest Re Group, Ltd.
FEIN Number: 22-2660372
State of Domicile: Delaware
Company Type:
State ID Number:

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Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Everest National Insurance Company	\$50.00	05/21/2008	20436615

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	07/23/2008	07/23/2008
Objection Letters and Response Letters			

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Carol Stiffler	05/21/2008	05/21/2008	Shiranie	07/23/2008	07/23/2008
Industry				Fernandez		
Response						

<i>SERFF Tracking Number:</i>	<i>EVST-125650657</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Everest National Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
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<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 07/23/2008

Effective Date (New): 07/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	EVST-125650657	State:	Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Rate	COMPANY EXCEPTION PAGES	Approved	Yes

SERFF Tracking Number: EVST-125650657 State: Arkansas
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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 05/21/2008
Submitted Date 05/21/2008

Respond By Date

Dear Deborah Pellicane,

This will acknowledge receipt of the captioned filing.

The filing adopts Circular AR-2008-06 but does not state the Item Filing number which is often different than the Circular number. The Item Filing number is the unique number that identifies the filing. We do not see the circulars. Several circulars can refer to the same Item Filing. One circular can refer to many item filings. The item filing # is the unique number for the filing. The Item Filing number can be found in the body of the circular. The Item Filing number for the 7/1/08 loss costs is AR-2008-02. Please confirm that is the Item Filing you are adopting.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

Response Letter

Response Letter Status Submitted to State
Response Letter Date 07/23/2008
Submitted Date 07/23/2008

Dear Carol Stiffler,

Comments:

Response 1

Comments: The reference Item # is AR-2008-02 for Circular # AR-2008-06.

Thank you for your help,

Shiranie Fernandez

Changed Items:

SERFF Tracking Number: EVST-125650657

State: Arkansas

Filing Company: Everest National Insurance Company

State Tracking Number: EFT \$50

Company Tracking Number: AR-WC-20023890

TOI: 16.0 Workers Compensation

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Product Name: loss costs

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No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Debbie Pellicane, Shiranie Fernandez

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Rate Information

Rate data does NOT apply to filing.

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	COMPANY EXCEPTION PAGES	CEP-AR-WC-7	Replacement	CEP-WC-AR-ENIC-07012008.DOC

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Attachment "CEP-WC-AR-ENIC-07012008.DOC" is not a PDF document and cannot be reproduced here.

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	07/23/2008
Comments:				
Attachment:				
AR777.pdf				
Bypassed -Name:	NAIC Loss Cost Filing Document for Workers' Compensation	Review Status:	Approved	07/23/2008
Bypass Reason:	N/A			
Comments:				
Bypassed -Name:	NAIC loss cost data entry document	Review Status:	Approved	07/23/2008
Bypass Reason:	N/A			
Comments:				

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #
Everest Reinsurance Group	

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Everest National Insurance Company	DE	10120	2660372	

5. Company Tracking Number	AR-WC-20023890
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Shiranie Fernandez 477 Martinsville Rd. Liberty Corner, NJ 07926	Associate Manager	908-604-7232	908-604-3526	shiranie.fernandez@everestre.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Shiranie Fernandez

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	WC
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 07/01/2008 Renewal: 07/01/2008
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	ncci
17. Reference Organization # & Title	

20. This filing transmittal is part of Company Tracking #	
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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We are filing for informational purposes only, our revised small deductible factors.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]	
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Check #:
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

Effective March 1, 2007

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**